

Foster Family Home - Corrective Action Report

Provider ID: 1-190055

Home Name: Juliet Acob Nasis, NA

Review ID: 1-190055-1

91-1000 Aeae Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 8/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 9/12/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - Second year APS/CAN and fingerprints not present for CG #3. Expired on 9/28/18. First year APS/CAN and fingerprints not present for CG #4.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #1.

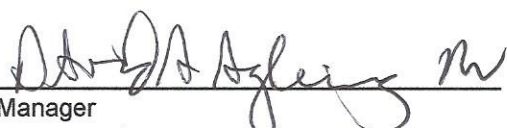
41.(b)(8) - No current Blood Borne Pathogen present for CG #2.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - CG #1 needs correct amount of auto insurance coverage for vehicle.


Compliance Manager


Primary Care Giver

8/12/19
Date

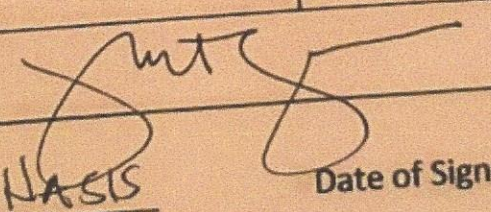
8/12/2019
Date

Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JULIET A. NASIS

CCFFH Address: 91-1000 Acaie St. Ewa BEACH HI, 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
89(1) (2)	Received current APS/CAN AND Finger-prints FROM CG #3 and CG #4 and (Placed) Placed in my CCFFH Binder.	8/18/19	I placed all items with expiration (al) dates for all CG's & CCFFH CCFFH on my cellphone & calendar, i set the Reminder for 1 month.
41.(b)(7)	Updated and Placed in CCFFH Binder	8/18/19	I placed all items with expiration dates for all CG's and CCFFH on my cellphones & calendar, i set the calendar for 1 month.
41.(b)(8)	Received current Blood Borne Pathogens present for CG #2	8/18/19	i will keep my car car with the correct coverage of the +50 insurance.
51(a)(2)	I change my car insurance to the corrective coverage	8/18/19	

Primary Caregiver's Signature: 

Print Name: Juliet A. NASIS

Date of Signature: 8/18/2019